

CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI

CASE NO. 08-03222

Debtor Wayne Ford SS# xxx-xx-2501 Current Monthly Income \$ 3,738.00
Joint Debtor Dorothy M Ford SS# xxx-xx-5836 Current Monthly Income \$ 1,778.75
Address 7657 Old Highway 24 Loop W Woodville, MS 39669-0000 No. of Dependents 1
Telephone No. _____ **TAX REFUNDS AND EIC FOR DISTRIBUTION:** _____

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured / priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.

(A) Debtor shall pay \$ 1,339.04 per **monthly** to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor @:

7657 Old Highway 24 Loop W
Woodville, MS 39669

(B) Joint Debtor shall pay \$ _____ per (**monthly / semi-monthly / weekly / bi-weekly**) to the Chapter 13 Trustee. A payroll deduction order will be issued to Debtor's employer @:

n/a

PRIORITY CREDITORS. Filed claims that are not disallowed to be paid in full: IRS \$ 0.00 @ \$ 0.00 /mo
State Tax Commission \$ 0.00 @ \$ 0.00 /mo Other \$ 0.00 @ \$ 0.00 /mo

DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO:

-NONE-

beginning in the amount of \$ per month shall be paid:

_____ direct _____ through payroll deduction _____ through the plan.

PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO:

-NONE-

in the amount of \$ shall be paid \$ per month:

_____ through payroll deduction _____ through the plan.

HOME MORTGAGE(S)

MTG PMTS TO: Citi Mortgage BEGINNING 12/01/2008 @\$ 531.23 **DIRECT**
MTG ARREARS TO: -NONE- THROUGH _____ \$ _____ @ \$ _____ /MO*
(*Including interest at %)

SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1326(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Intrst. Rate	Total Amt. To Be Paid	Monthly Payment
American Honda Finance	2003 Honda 1800 Motorcycle	4,189.60	3,600.00	9.5 %	5279.40	87.99
Honda Financial Serv	2006 Honda Foreman Four Wheeler	4,369.98	3,500.00	9.5 %	5506.80	91.78

Debtor's Initials WF Joint Debtor's Initials DF

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Intrst. Rate	Total Amt. To Be Paid	Monthly Payment
Regions Bank	2001 Lincoln Navigator	5,256.02	6,000.00	9.5 %	6623.40	110.39
Wells Fargo Auto Finan	2008 Toyota Tundra	35,823.78	30,000.00	9.5 %	45142.20	752.37
Wells Fargo Auto Finan	2003 Ford F250 (Used for Business)	23,478.07	15,000.00	%	Surrender	Pay ZERO

SPECIAL CLAIMANTS. (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral or Type of Debt	Approx. Amt. Owed	Proposal to Be Paid
-NONE-			

SPECIAL PROVISIONS for all payments to be paid through the plan, including, but not limited to, adequate protection payments: **-NONE-**

UNSECURED DEBTS totaling approximately \$ **32450.88** are to be paid in deferred payments to creditors that have filed claims that are not disallowed: IN FULL or **25** % (PERCENT) MINIMUM. **135.21**

Total Attorney Fees Charged \$ **2,500.00**
 Attorney Fees Previously Paid \$ **126.00**
 Attorney fees to be paid through the plan \$ **2374.00** **39.57**

Pay administrative costs and debtor's attorney fees Pursuant to Court Order and/or local rules.

Name/Address/Phone # of Vehicle Insurance Co./Agent

Attorney for Debtor (Name/Address/Phone # / Email)

Jack Lazarus MSB#1114

P.O. Box 1286

Natchez, MS 39121-1286

Telephone/Fax

Telephone/Fax **(601) 445-8899/(601) 445-9336**

E-mail Address **jacklaz@cableone.net**

DATE: **November 17, 2008**

DEBTOR'S SIGNATURE

/s/ Wayne Ford

JOINT DEBTOR'S SIGNATURE

/s/ Dorothy M Ford

ATTORNEY'S SIGNATURE

/s/ Jack Lazarus